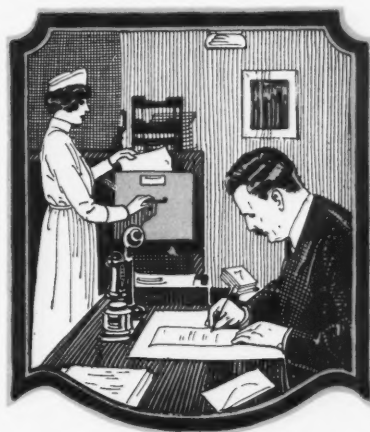


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TORONTO, MAY, 1933



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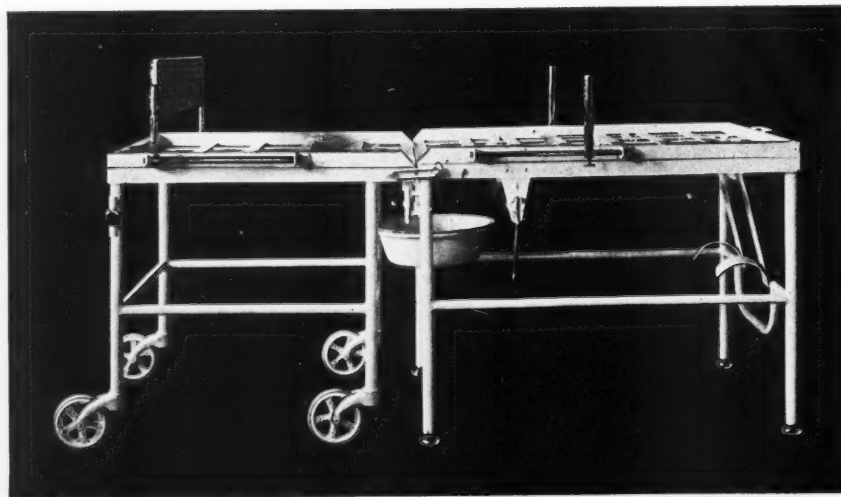
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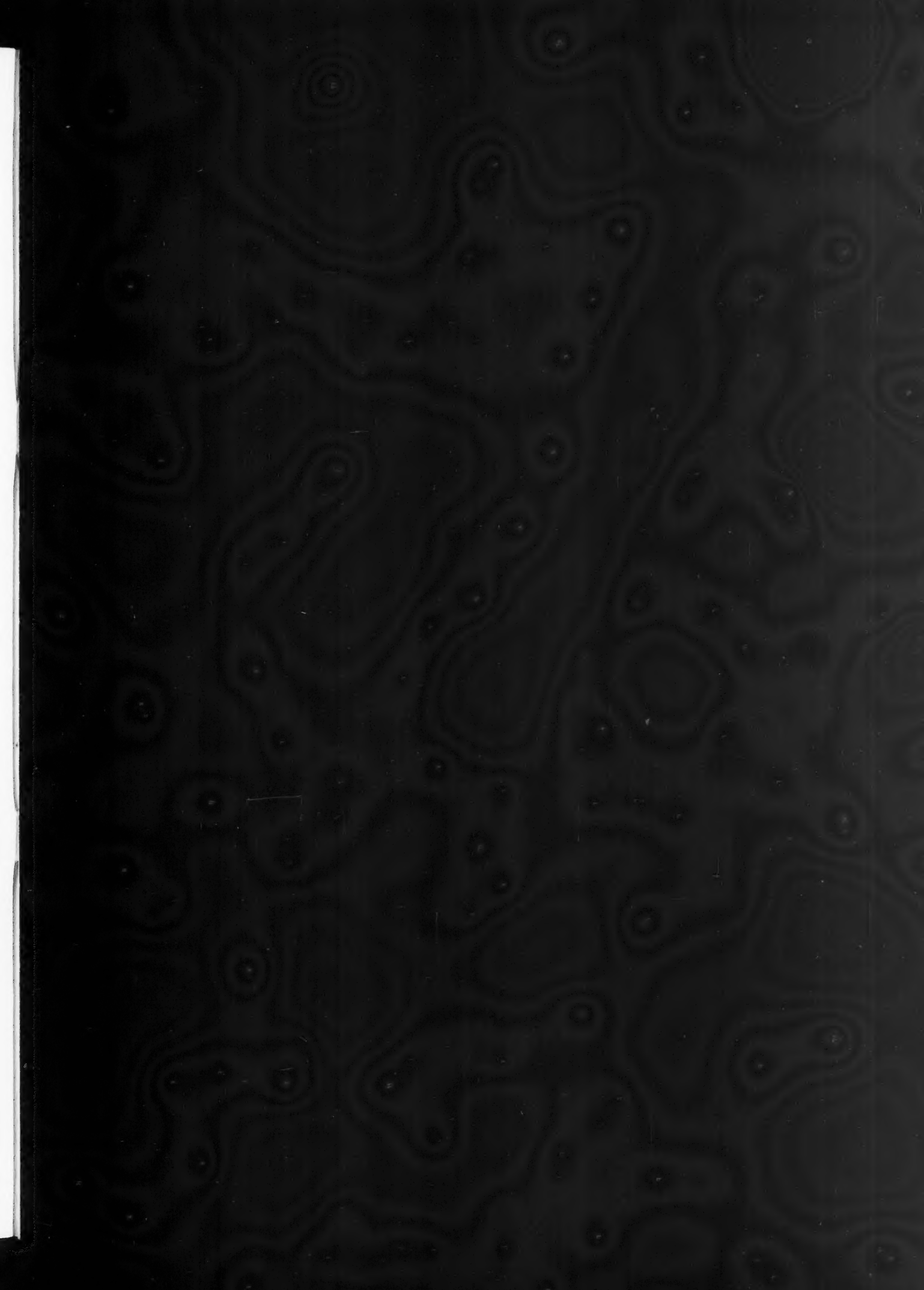
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The Clearing House of the Modern Hospital World

PART II

By B. EVAN PARRY, F.R.A.I.C.,
Parry & Smith, Architects, Toronto

THE Ventilation Study produced findings somewhat on a par. Canadian members stated many authorities had come to the conclusion that vast sums of money are unnecessarily expended upon mechanical ventilation in hospitals as elsewhere, whereas the U.S.A. representatives consider mechanical ventilation an advantage over window ventilation, as the latter is dependent upon outside air movement—its direction and its temperature—and cannot therefore be relied upon for a constant air change in the rooms. Nevertheless they thought that comfort from direct contact with out-of-doors could be cited as an advantage of window ventilation, which finding was confirmed in the New York State Commission report on ventilation. It should of course be appreciated that there are sections of hospitals which demand mechanical ventilation.

Forms of construction played a large part in the deliberations of the Committees.

It was ceded that the numbers of storeys is determined by the fact that the cost of elevators, foundations and roofing is only a little greater with a building of eight storeys than with a building of two storeys. Further, it is therefore more economical to build a larger number of storeys, although in this respect only accurate comparative calculations guarantee full certitude. To build, however, more than eight or ten storeys is economically justifiable only when the building site is very limited and expensive. From a purely technical and constructive point of view and under the prevailing costs of building sites, the most advantageous number of storeys in large European cities is about eleven, or less if the site is cheaper. (This was clearly demonstrated by Mr. Herman Distel, Chairman of the German Academy of Town Planning.)

In construction, widely varying solutions—economical or wasteful—can achieve the same end. But the cheaper types of construction often do not provide against the transmission of sound or are not in accordance with hygienic requirements, or lead sooner or later to higher expenditures on maintenance, thereby destroying the anticipated economies.

The rough structure without furnishings costs about 40 per cent.—45 per cent. of the entire expenditure of the building.

Brick or stone wall construction can only be used for smaller hospitals. Steel frame construction is mainly suitable for many storied buildings.

The difference in cost between the skeleton systems in either reinforced concrete or steel amounts to from 10 to 15 per cent. in favour of concrete, according to its qualities; being a little less than from four to six per cent. of the cost of the whole structure.

Sound deadening and sound absorption proved a most valuable contribution of the work undertaken by the various committees.

Quiet in hospitals is not a matter of architectural

acoustics, which are determined by the form and furnishings of rooms. The acoustics of halls, theatres, etc., are among the rational engineering problems and perfect acoustical qualities, that is, perfect hearing by every listener can be predetermined; in hospitals, however, the problem is quite another matter.

The cost of sound-proofing all the items contained in a structure, or that have been offered by inventors to prevent the propagation of sound from one room to another, will make the cost of such building prohibitory.

However, inasmuch as the unit cost of a hospital is increased by the use of sound-absorbing or silencing devices, it is usually necessary to use a few of the many things, selecting the items in the following order:

1. Sound-absorbing material on ceilings of corridors.
2. Sound-absorbing material on the upper part of corridor side walls.
3. Glass in metal frame partitions with double acting doors across the corridor at intervals of its length.
4. Birth, labour rooms and nurseries.
5. Rooms for disturbing and noisy patients of psychopathic sections.
6. Duty rooms, serving pantries and other floor service rooms and dishwashing rooms.
7. Large wards and so on.
8. Noise traps between corridors and food serving rooms. Such traps consist of two sets of doors on opposite sides of a space seven or eight feet square. Each set of doors has one swinging with the in-travel and the other set for out movements. Well planned separation of the service rooms from sick rooms is essential.

In the interests of patients, sound-proofing cannot be dispensed with and therefore sick rooms must be rendered sound-proof. The cost involved in this most important phase of construction amounts to about one to one and a half per cent. of the total building cost.

Flooring, the selection of which more often than not is the *bete noir* of hospital superintendents and architects, very properly occupied an important place in the schedule. European authorities mildly judge North American practice as extravagant. However, since we have been fed on such practice and greatly enjoyed the benefits thereof, it will be of practical value to briefly traverse the field covered both by the U.S.A. and Canadian Committees.

Unsuitability or lack of durability has eliminated many of the host of types of flooring that have been promoted in the 20th Century, also types that may be suitable in many classes of buildings, but not hospitals. Wood, sheet asphalt, trowelled cement are in this class.

In North America, terrazzo divided into sections of moderate area, twenty square feet, and less, by brass strips, marbleized rubber tile and ceramic tile floors predominate. The terrazzo being the cheapest of these three types is often used throughout a hospital, but if funds

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The Clearing House of the Modern Hospital World

(Continued from preceding page)

are available, ceramic tile, especially the vitreous varieties, in operating rooms, and marbled rubber tile generally supplant terrazzo. Asphalt tiles are a recent invention, but their use has not been sufficiently long to determine their life, but due to the nature of the material and the possibility of laying them in pattern, their low price may find a welcome market, after a sufficient time test to determine their durability. If final results are equal to the promise of this material, it should prove exceedingly useful.

The U.S.A. Committee were of opinion that linoleum and cork break down under severe use to which hospital floors are subjected, unless given careful maintenance service, although their initial cost is that of 1/3 to 1/6th of rubber tile.

The red, grey or brown product termed "Quarry Tile" is considered satisfactory in kitchens and other rooms of culinary departments on account of the resistance to impact of heavy utensils, to slipping when wet and removal of extraneous matter.

In dealing with the item of doors, it was brought out that flush veneered or slab doors cost from 40% to 50% more than panelled doors, nevertheless the development of such type in North America was brought about by the desire to avoid places for dust to accumulate and to economize in the cost of janitor service, thereby taking the place of panelled doors in their use for hospital work.

There are, however, doors with one panel and with mouldings designed to avoid lodging places for dust, frequently used in the hospital of to-day.

The opinion was expressed that the door transom sash was objectionable.

As to windows, the most favoured type for hospital work proved to be the double hung sash with boxed frames which can be revolved or reversed, an arrangement that finds favour in institutions in which the maintenance work is generally performed by women. This type with some of the modern developments, such as extra width of bottom rail of lower sash, which permits opening the window at the meeting rails, is a much more satisfactory ventilating arrangement than casement sash. There are, however, several patented types of sash which have desirable features not to be found in the ordinary sliding sash, but the cost involved is greater.

Insect screens made of steel, copper or bronze wire mesh, either of the frame or roll type, are now standard equipment, but the annual cost of labour required to take down, store, and replace the frame type, to say nothing of the cost of storage space, probably places the roll type in the premier position.

Special difficulties were discussed which arise in locating the piping systems. Advantages are secured by the horizontal conduct of piping over ceilings of corridors, which ceilings are built especially low for such purpose.

Wall coverings, it was shown, have as great a variance as any phase of construction. In Europe tiling is used more than on this continent, whereas on this continent the scale runs from expensive woodwork and marble coverings in the entrances to walls of some rooms left entirely without plastering.

Reverting to the volume and cost of building, it was found that the floor area of the interior rooms was in all cases found to be from 17% to 20% smaller than the area covered by the outer skin of the building.

The average area required per bed in relation to the total of all inner areas was found to be that of 335 square feet, and the average cubic space required per bed in relation to the total of all interior rooms of a hospital containing only wards with everything pertaining thereto, is that of 4,236 cubic feet.

The distribution of percentages of cubic space in Europe and on this continent are of great interest, for instance in Germany the following obtains:

Nursing unit with complete service rooms, 69.14%. Kitchen, 2.27%. Operating department, 7.16%. X-ray department, 4.04%. Clinics, 1.03%. Rooms for personnel, including special quarters, 12.42%. Training school, 3.94%. On this continent, the percentages hereinbefore quoted are in some cases exceeded and in others less, for instance:

Nursing unit with complete service rooms, 52%, a decrease of 17.14% to European practice. Kitchen, 3%, a slight increase. Operating department, 4%, a decrease of 3.16%. X-ray department, approximately the same, that is 4%. Clinics, 5.5%, an increase of about 4%. Rooms for personnel, including special services and quarters, administration, laundry, power house, stores and workshops, 3.1½%.

Analyzing these figures will show where in some departments this continent is more generous, and may be more extravagant than our European confreres.

By way of illustration of the fluctuations in the cost per cubic foot which obtain on this continent a range of twenty-four hospitals with storeys varying from three to eighteen may be taken as a cross section of hospital construction. In the three storey building the cost per cubic foot was that of 43 cents, whereas that of the eighteen storeys was 61 cents per cubic foot. However, the average cost per cubic foot for sixteen complete plants was that of 68 cents, and the average cost per bed \$5,096.00. (These figures to-day, 1933, can be reduced by approximately 20% owing to the substantial drop in price units of construction.)

Some interesting data was unearthed in the investigation of twenty-three hospitals on this continent, that is, seventy-eight elevators were provided for 5,330 patients, making an average of sixty-eight patients per elevator. Plumbing fixtures were distributed on the basis of 2.1 fixtures to each patient. Out of fourteen hospitals which had sound-absorption, an average of 15½% of the area had sound-absorbing material applied.

In the final analysis the summarized conclusions are that there is an international endeavour for economical, medical and administrative reasons, to build hospitals in such a manner as to reduce capital outlay, cost of service and upkeep to a minimum. An essential means of obtaining

this end is to be found in the investigations carried out by special architects.

The first item of expenditure is that of the building programme and the selection of the site. The responsible building owner or trustees will effect economy by engaging an experienced and qualified architect for the initial deliberations.

The best unit or standard is necessarily the patient's bed, and the available amount of floor area and cubic space per bed serves as a basis for estimating the cost of construction and the distances to be covered in service communication. The calculated percentage of distribution in different departments renders it possible, by the omission or addition of single groups of rooms to make true comparisons between different institutions and to examine the dimensions of the departments.

The expert will have the requisite knowledge of building for the fixing of the square and cubic quotas, as also being aware that construction of too economical or inferior a character increases the cost of upkeep.

Constructional costs vary so much in different localities that the idea of the cost per bed is misleading. If, however, a figure is given, it is useful for comparison only if it is expressed in relation to the wages and prices of materials current in the respective localities and to the normal cost per cubic foot in the district in question.

Finally, although the planning of any building must primarily be based on artistic principles, it is evident that these alone are not sufficient for determining the most practical and economical standard for a modern hospital. The complicated technical science of to-day requires a thorough knowledge of calculations supported by accurate statements, close co-operation of all professional services, and an inspiration based on human welfare if the earnest desire now being expressed throughout the civilized world is to be achieved.

The Perfect Patient Greets the Perfect Staff

WOULD that all hospital staffs merited the praise expressed in the following lines written by a patient of the Royal Alexandra Hospital, Edmonton, and would that all patients were so appreciative:—

"Sir,—For 80 years I have never been sick—never needed hospital care, doctor or nurse, but at the beginning of April I received a kidney-bladder stab, and although I was unwilling, my son shoved me into an ambulance and took me to the Royal Alexandra Hospital. This was my salvation. The time I spent there was the happiest two weeks I have ever spent in my life. Never shall I forget the kind, gentle, skilful treatment of my own doctor, the house surgeons, the nurses and the orderlies. I have often wondered what angels are. Now, sir, I know!

"As I used to watch the many nurses in their shimmering costumes, flitting about with noiseless footfalls, as I felt their gentle, soothing touch on my sometimes fevered brow, as they were constantly smoothing my ruffled bed-clothes, I knew that God had brought these angels into the world for this particular purpose. That Almighty God may bless and help them all, is the prayer of —."

Maternity Wing, Ross Memorial Hospital, Lindsay, Stresses Home Atmosphere

ERECTED in Lindsay at a cost of approximately \$85,000 and taking the better part of a year to build, the Victoria Wing, of the Ross Memorial Hospital, built especially for maternity cases, stands as a fitting monument to motherhood—an addition which, for modern appointments, complete sanitary arrangements and excellence of construction, leaves little to be desired.

Throughout every detail of construction the new addition is a credit to the local contractors who were in charge of all work, to the Board of Governors who worked so hard to promote the idea, to the people of town and county, and to those old boys and old girls who still hold a warm spot in their hearts for their birthplace and who made generous contributions.

For this wing was truly a community enterprise. The financing was started off with a generous grant of \$50,000 from the County of Victoria and the rest of the money was raised through private subscriptions handled by Mr. T. H. Stinson, K.C., M.P., Chairman of the Board, who, with the other members of this body—Lt. Col. F. J. Carew, W. Flavelle, A. E. Gregory and C. Squier, worked so hard for success.

It was particularly fitting that the new wing should be erected from funds gathered in this way as it showed a

proper appreciation of the great service done the district when Mr. James Ross, Montreal millionaire, erected and equipped the "mother" institution—the Ross Memorial Hospital—which opened in 1902, in memory of his parents who had lived in Lindsay for many years.

In fact, of the present hospital plant only the laundry and central heating plant have been erected with funds raised in other than community drives or gifts. Both the Ross Memorial Hospital and the Annie Ross Nurses' Home were the gift of James Ross. The new wing, as stated before was a community enterprise and the new ambulance was paid for through community work.

But, to return to the latest addition. It extends north from the north-east corner of the hospital proper which is beautifully situated at the top of Kent Street hill just at the western entrance to Lindsay. From the outside it appears as a handsome red brick structure with plenty of windows to assure patients abundant sunshine. It is heated from the central heating plant. Entrance is made by way of the main hospital, with which the wing is connected on each of its floors, and a very favourable impression is created by the tastefully furnished waiting-room which is on the first floor. On this floor there are also

*Right—The Board
Room.*

*Below—The Stinson
Memorial Room.*



*Below—the
Reception Hall is
attractively
and comfortably
furnished.*



Views of Maternity Wing, Ross Memorial Hospital, Lindsay, Ont.

two private wards and one general, bath room, utility room, diet kitchen, labour room and delivery room.

Two semi-private wards, a central service room, utility room, diet kitchen, nursery and four private wards make up the second floor. On the top floor a Board Room has been provided for directors' meetings and has been furnished with just the proper touch of dignity. In the basement are: Nurses' classroom, prenatal clinic room, maids' quarters, doctors' lounge and scrub-up room. Storage space is also provided in the basement in one large storage room. As for the furnishings of the wards in the wing, the impression one gets is of a home rather than of a hospital. The furnishings are walnut-finished and in each case consist of a bed, over-bed table, comfortable lounging chairs, separate wardrobe and reading lamp.

All wards have running water and the private wards also have separate toilets. One feature of the lighting equipment in the wards is the special night light set in the wall to give sufficient light, yet not enough to bother the patients. All surgical equipment provided for the new wing is of the most modern type and is of stainless steel. All floors in bath rooms, utility rooms, and maternity rooms are of terrazzo. Those in the wards are of hardwood and those in the corridors are covered with special battleship linoleum.

Among the services included in the new wing are a noiseless elevator, an elaborate and efficient system and a dumb-waiter service for the diet kitchens which are equipped in the most modern manner with electric refrigerators and electric ranges. A special feature noted on the second floor is the acoustic treatment accorded the walls of the large and sunny nursery.

One decided improvement the new wing has brought about is in the method of admitting patients. Before, they had to be taken in the main entrance of the hospital. Now, the ambulance can be backed to the door of the Victoria Wing, the patient transferred to the elevator, taken to the floor assigned and wheeled into the hospital through the connecting passage.

When the wing was first erected, the purpose was to segregate maternity cases and to provide a place where all possible care could be taken. An idea of what measure of success has attended can be gained from the fact that in the first eight months 75 new citizens came into the world in the Victoria Wing. That is an enviable record for a hospital located in a town whose population is less than 8,000.

In every case the mothers whose babies have been born in the new Victoria Wing have been loud in their praise of its appointments and of the efficiency of the nursing staff under the able superintendency of Miss Ethel Reid.

The Ross Memorial Hospital is now a 49-bed institution, 14 of these beds being reserved for maternity cases in the splendid Victoria Wing just described.

The Chatham Heather Club Provides Invaluable Service

At the January, 1932, meeting of the Heather Club, Chatham, Ontario, it was decided to divide the club into groups, each group being responsible for the work of one month. This plan worked out splendidly and much valu-

able work was accomplished. The following is a brief account of the year's activities:

In January a bridge was held at the nurses' home; in February a tea at the home of one of the members and a talk on Interior Decoration; in March the president sponsored an afternoon and an evening musicale at her home. Mr. Duncan Robertson of New York, an old Chatham boy, being the artist. This was the outstanding feature of the year's work. The April group gave a substantial donation; the May group held a rummage sale; a delightful tea was sponsored by the June group and held at the home of one of the members. During the summer a bridge-luncheon was held at the summer home of one of the members; in October a bridge was given at the nurses' home and a tea was the feature in November.

The ladies assisted with National Hospital Day in May and the Graduation Exercises of the nurses.

During the year they sewed at the meetings, making garments for the operating room at the hospital. The convener reported 89 garments made.

The club installed a Diathermy in the hospital at a cost of \$482.00, and gave the usual donation of \$50.00 for the upkeep of the two Heather rooms and a donation at Christmas for fruit for the patients at the hospital.

Regret was expressed at the passing of two members, Mrs. Powell and Mrs. Manson Campbell. Mrs. Campbell was a charter member of the club as well as a life member. Her friendship and wise counsel will be long missed. In memory of Mrs. Campbell, her daughter, Mrs. Chester Glenn, was asked to join the club as an honorary member.

Receipts for the year and balance on hand amounted to \$563.70. Disbursements were \$556.10.

Officers for 1933 are as follows: president, Mrs. J. B. Smith; 1st vice-president, Mrs. J. E. Gray; 2nd vice-president, Mrs. W. H. Ferguson; secretary-treasurer, Mrs. C. C. Bragg; corresponding-secretary, Mrs. M. Vary.

Squibb to Show Ancient Apothecary Shop at World's Fair

An ancient apothecary shop, dating back to the 17th century and intact in every detail, has been imported from Germany to E. R. Squibb & Sons, manufacturing chemists, and will be set up under the company's sponsorship in the Hall of Science at the Chicago, Century of Progress, International Exposition. This quaint reminder of the days when alchemists were still at work trying to make gold out of base metals and the Faust legend was very much alive was bought from Dr. Jo Mayer of Wiesbaden.

Hour glasses, queer scales, and primitive microscopes share space on the old shelves with ancient herb books and rows of profusely decorated jars and bottles of nostrums and elixirs.

Adjacent to the shop itself will be situated the apothecary's library with its rare and musty books. Here will be on display the old guest record bearing among other noted signatures that of Frederick the Great.

The modern exhibit of E. R. Squibb & Sons will tell the story of the scientific achievements of the company in pharmacy, hospital service, and biology. The theme of this exhibit will be the famous motto of the House of Squibb—"the priceless ingredient of every product is the honour and integrity of him who makes it."

A Practical System to Reduce Linen and Laundry Costs

By S. T. MARTIN,
Assistant Superintendent, Regina General Hospital.

WHENEVER hospital administrators assemble, one of the favourite topics for discussion is that of linen shortage and costs.

This is a problem to which we at the Regina General Hospital have given some considerable thought, and as a result have put into effect a system which, if not perfect, is giving us excellent satisfaction, not only as to results, but also as to money saved.

Prior to 1930, the method of handling our linen was as follows:

All soiled linen was sent direct to the laundry, and returned to a central linen room, from which it was withdrawn by requisition, by floor supervisors and department heads. This system had many defects. It allowed the insistent nurse to obtain more than she required; linen was hoarded, and there were many other like abuses, with which you are all familiar, all with the result that at the end of the day we had no linen. This was a daily problem, aggravated at week-ends.

To overcome this problem, we surveyed the hospital as to its linen requirements over a reasonable period, taking the week-end as our guide. A complement for each type of bed was set up for this period, and it was then a simple matter to multiply this unit by the number of beds in the ward, in order to obtain the ward complement. It was surprising to find out that we did not have to increase our linen very much to bring our complements up to standard in all departments, when the excess was withdrawn from those who held linen over the standard set up.

Our bed unit complement was made up as follows, adding special items such as breast binders, etc., to those departments concerned.

Private and Semi-Private Ward Complement:

	On Bed	On Floor	In Laundry	Total
Spreads	1	1½	1	3½
Sheets	2	2	1	5
Pillow Cases	2	2	1	5
Draw Sheets	1	1½	1	3½
Face Towels	1	1 1/5	1	3 1/5
Bath Towels	1	1 1/5	1	3 1/5
Gowns	1	1½	1	3½
Wash Cloths	1	1 1/5	1	3 1/5

Public Ward Complement:

	On Bed	On Floor	In Laundry	Total
Spreads	1	1	½	2½
Sheets	2	1½	½	4
Pillow Cases	2	1½	½	4
Draw Sheets	1	1	½	2½
Face Towels	1	1	½	2½
Bath Towels	1	1	½	2½
Gowns	1	1	½	2½
Wash Cloths	1	1 1/5	1	3 1/5

General Complement:

Bed Pan Covers	½	½	1
Ice Cap Covers	½	½	1



MR. S. T. MARTIN,
Assistant Superintendent,
Regina General Hospital.

H.W.B. Covers	½	½	1
Air Ring Covers	¼	¼	½
Pneumonia Jackets Medical Wards	½	½	1
Pneumonia Jackets Surgical Wards	1½	1	2½
Abdominal Binders Surgical Wards	1½	1	2½
Abdominal Binders Medical Wards	1	½	1½
"T" Binders Medical Wards	1/3	1/6	½
"T" Binders Female Surgical Wards	1	½	1½
"T" Binders Male Surgical Wards	2/3	1/3	1
Laparotomy Stockings Surgical Wards—10 pr.			
Laparotomy Stockings Medical Wards—5 pr.			

On this basis, then, a medical public ward of 32 beds would have a complement as follows:

Spreads	80
Sheets	128
Pillow Cases	128
Draw Sheets	80
Face Towels	80
Bath Towels	80
Gowns	80
Wash Cloths	102

Abdominal Binders	17
"T" Binders	17
Bed Pan Covers	32
Ice Cap Covers	32
Air Ring Covers	16
H.W.B. Covers	32
Pneumonia Jackets	32
Lap. Stockings	5
Treatment Towels	40

The following list of instructions apply to all public wards:

One sheet, draw sheet, pillow case, face towel, bath towel, gown and pneumonia jacket are to be changed every second day—Tuesdays, Thursdays and Saturdays. Spreads to be changed Tuesdays and Saturdays.

In non-drainage cases, binders are to be changed twice a week. The Supervisor in charge gives out all linen, and linen cupboards are kept locked at all times. The Special nurses have the same allotment as above, once a day only.

Laundry is delivered to the flat once a day, exactly the same amount being returned as was sent down. This on return is counted by Floor Nurse, and signed for, all discrepancies being noted at once.

A Linen Inventory is taken on the Wednesday nearest the first of the month, and the inventory sheet sent to the central linen room.

The Supervisor in charge is held responsible for seeing that no bed or patient is allowed to remain with soiled linen.

The soiled linen is placed in bags marked with the Ward number, and sent to the Laundry, where it is counted and

listed, all fresh laundered linen being returned to the central linen room, from where it is sent to the various wards and departments, according to the lists as counted in the Laundry. The newer articles are selected for the private and semi-private wards, with the exception of those made from unbleached cotton, which are kept on the public wards until they have whitened. This does away with the necessity of marking the wards on the linen, and sorting it for the right wards.

Once a month an inventory is taken by the Supervisor, and the shortage or overage is corrected. This system has worked out wonderfully well—we never hear of a linen shortage, and no one is requisitioning for extra linen. It is true that our inventories do not come out exactly, but shortages are by no means what they were before this system was put into effect.

This has also put an end to the using of linen for dust-ers, mustard cloths, etc., as immediately such an article is found in the laundry from any floor, it is reported.

The laundry holds out all torn linen or linen needing repairs (over 2,000 pieces a month). This is sent to the sewing room and placed in the reserve stock when repaired, as the amount held out each day must be sent from this reserve to the floors, according to the list of soiled linen sent to the Laundry daily, so that the complement is not altered.

Once a week, on Wednesdays, the wards return to the central linen room all torn or worn out linen that has accumulated on their floors during the past week. Here it

(Continued on page 26)



Timely Literature on OXYGEN THERAPY

We will be glad to send to Doctors or Hospital Superintendents on request, copies from the second large printing of the new book, "Recent Trends in Oxygen Therapy."

"Recent Trends in Oxygen Therapy" includes descriptions of some of the work done at leading hospitals in the words of physicians whose clinical investigations

have made modern oxygen therapy possible. It also contains illustrations of oxygen rooms, tents and other equipment, as well as timely bibliography of the works of distinguished researchers in this field.

Reports of other articles on oxygen are also available.

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The Library in the Thistletown Hospital for Sick Children

By MISS EDITH AMSDEN,
Children's Librarian of the Toronto Public Library,
Beaches Branch.

A BRANCH of our work in the Toronto Public Library, the influence of which is felt, not only on the spot it occupies, but all over Ontario, is the library in the Thistletown Hospital.

The library is the gift of Mrs. Irving Robertson to the Hospital, the books having been selected by us at her request, and has been in existence for about three years. A year and a half ago arrangements were made for two librarians to go to the hospital for one afternoon a week, except during the winter months. This in reality meant for a period of one hour and a half a week, as rest-hours and early tea limited the time available.

There are sixteen wards, each ward containing eight beds. Of these the children in only eight wards were found "able" to read. Up to the time of our going out to Thistletown the use of the books had been disappointing to Mrs. Robertson and to Miss Elliot, the Superintendent. The library was a bright, attractive room, with row upon row of new books that were hardly ever touched. The delights of children's favorite stories were unknown and unguessed by children and nurses alike. One of the nurses had given a great deal of time and thought to a splendid catalogue and a system of circulating the books, but as most of the books were unfamiliar to her, and as the children were not used to reading, very little headway was made. To add to the difficulty the only way the children had of selecting their books was to choose one by the sound of its title called from a list. Our first visits to the Hospital were most discouraging, as no one wanted a book except the babies, who kept calling out, "Lady, lady, I want a picture-book!" and "Lady, lady, I want another one!" But what of the older ones? We finally secured a banana cart (for those not familiar with the hospital it may be explained that this is the name given to a low cart or waggon in which the children can push themselves around). In this cart we put as many books from the library as we could; the cart was then pushed into each ward and the children asked if they would like a book. At first it was always "No, we get our books from home," but by degrees one child after another expressed a desire for a book, and then we would push the cart near the bed, select what we believed he or she would enjoy, telling parts of the story until the rest of the ward became interested and we had requests from all the children for books.

Where are the rows of new books in the library to-day? Much to Miss Elliot's sorrow, all their newness is gone; rebound books are appearing, and many with loose pages and torn backs are waiting their turn to be repaired. Have the children just been careless with the books? Decidedly not, but the books have been and are being read as never before. When library day comes now at the hospital, on entering each ward we are greeted with: "Here

comes the library! Hurrah!" and the children are reading the best we can offer them.

Let me tell you about some of the children. Leonard was a little Italian boy who had never walked, due to a tubercular spine. His parents, ignorant of the marvels of modern surgery, refused to let him go to the Hospital until forced to do so by order of the Court. Leonard lay for about three years in the hospital, and when he was brought to our notice he was nine. At first he refused even to smile at us, but by degrees he was completely won over by Miss Smaill (the children's librarian of Runnymede Branch, who works with me), and they became good friends, and then what a time they had with the books. He would not read or even open a book until Miss Smaill had assured him it was a hero story. He is now cured and walking about like any other boy, and has gone home to his delighted parents the richer for such friends as King Arthur, Perseus, and Sigurd the Volsung.

Lottie, when we made her acquaintance, was known as an "up patient." She is thirteen and enjoys boys' adventure stories. One day, about a year ago, we took a copy of the "Three Musketeers" to the hospital. Lottie pounced on this new find. At our last visit, after Lottie had told Miss Smaill that her sweater was nifty and that my dress sure looked funny, buttoning down the back as if it was on backwards, she asked if we couldn't find her a new title, as she had about exhausted the library supply. Miss Smaill by chance had a small new copy of "Twenty Years After" tucked under her arm, and this she brought to view. What a scene! "You darling!" cried Lottie, flinging her arms around her neck. "I have waited a whole year for that book."

Alfred, considered the brightest boy, is another tubercular spine patient, and has spent a number of years flat on his back. His father is a music teacher, and it seems that Alfred follows in his father's footsteps, for he can play the violin, jew's-harp and mouth-organ equally well, and give any tune on request. He has a very large stamp collection, and every minute of his day is taken up in following one of his numerous hobbies. But Alfred never wanted a book, which seemed very strange. Finally Miss Elliot enlightened us regarding the cause thereof. His family kept him supplied with a variety of penny papers of the poorest type, which they got from England. These formed his reading material until one day Miss Smaill told the story of Masfield's "Jim Davis" to another boy who was with Alfred. When she finished Alfred said, "Gee, that sounds a good one! I might read that." We gave him a copy, and for the rest of the day he was simply lost in it, and that was the beginning. . . .

I could go on indefinitely telling about children who have come to the hospital with no interest in reading at all, and who during the time of their convalescence have

read widely enough from the Thistlethorn Library to give them a background of appreciation of good books and a reading habit which will be a lasting source of pleasure. Many of the children have actually learned to read in a miraculously short time from books in the library. Other boys and girls, whose only idea of books had been lurid magazines, now read books of biography, history and historical fiction, and have had revealed to them a hitherto undiscovered interest in nature study, poetry, and art. But this I think is enough to show that the library is a vital spark in the life of the children at the hospital and that the use now being made of the books justifies the vision of those concerned in its establishment.

Nurses as Hostesses

When the Chicago-Dallas route of the United Air Lines opened in March, twelve stewardesses, registered nurses, were placed as hostesses on the planes. This means that a total of forty-two nurse stewardesses are now employed on these lines.

LONDON, ONT.—Dr. L. Jessel, speaking before the Socialist Forum here on April 9th, told his audience that Canada was half a century behind the times in not having a system of health insurance. He said that while Russia had the best medical system in the world, Canada's doctors, working in a quagmire of tradition and outworn medical ethics, were compelled to do 75 per cent of their work free.



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May 12th — National Hospital Day

*When People of All Lands Pay Tribute to the Patron Saint
of Nursing — Florence Nightingale*

By MARGARET RHYNAS,
President of the Ontario United Hospital Aids.

AS May the 12th is the birthday of the Patron Saint of Nursing, Florence Nightingale, it seems fitting that this day has been set apart as a National Hospital Day—a day when all engaged in hospital activities pause at memory's shrine to pay tribute to the memory of one whose name is revered and beloved throughout the civilized world, and whose life and creed are being exemplified in our hospitals day in and day out. While it may seem to some that this day is not celebrated extensively, I think hospital superintendents will bear me out when I say that while there may not have been great demonstrations on this day in the way of celebration, that the general public are not slow to recognize the fact that good work is being done and the Florence Nightingale pledge beautifully and faithfully exemplified in our hospitals throughout the entire year, thus honouring the memory of this Angel of Cheer and Pity and also making very sacred and precious the profession which she gave herself unsparingly for, and whose work in this, revolutionized nursing methods and hospital conditions the world over.

This universal tribute each year creates a deep sympathy and understanding, obtained through visitation and tour of the hospitals on this day, when members of the Women's Hospital Aid, in co-operation with the Superintendent of the hospital, form groups, assisted by one or more nurses conversant with the general routine and able to explain explicitly all hospital activities, thus familiarizing the citizenship with everything pertaining to the hospital from the operating room to the laundry. This we feel creates an abiding interest in and for the institution, a greater sympathy and understanding of its needs, and when one has acquired a proper knowledge of the hospital, its accommodation and facilities available for caring for the sick, one realizes more fully all the difficulties attending all the responsibilities, and realizes better than ever before the patience, sympathy, tact and very close attention the various duties of those engaged in this great humanitarian work; a confidence is created and fears and doubts regarding hospitals very largely dispelled. One realizes better than ever before the great blessings and benefits from a well equipped hospital, and one is forced to reflect upon the fact—"What would our community do without this great institution—the hospital—in our midst?" To know the hospital better is to be less critical and more considerate and thoughtful for those engaged in this great work of caring for the sick and suffering. If you doubt this, enquire of someone you know who dislikes the hospital to go with you and peep through the glass into the nursery—that alone will give one a real thrill. Just pause and learn of the care taken of the mother and her babe while in the hospital, and what it means to be able to procure such care at this time. Then the little lad with the crooked knee—how he loves the nurses and is sorry when the time comes to depart for home. Grandma, too, is

very happy despite the fact that she is in a public ward and thought first she might not like the publicity and constant passing of those not familiar to her. But lo and behold! She, too, is very happy and says it is such a congenial and pleasant bond welded by a common sympathy. And so we might go on and on, portraying various phases of hospital life.

I think Hospital Aid visitors will also bear me out when I say that, after visiting with the Hospital Aid group on visiting day, one looks forward to seeing the smile and greeting from the sick folk in the wards. They are very appreciative with few exceptions.

We feel no greater work can be done by the Women's Hospital Aids than to make for a close contact between the citizenship and the hospital, and this day of all days has been wisely chosen, giving an opportunity of honoring the achievements and memory of Florence Nightingale and holding Open Hospital Day, when the Superintendents and staff of the hospital set apart this day to receive citizens of the community and show them through the entire hospital and enjoy, perhaps, a friendly chat and cup of tea from the hands of sympathetic Hospital Aid workers, thus cementing a bond between the entire community and the hospital staff.



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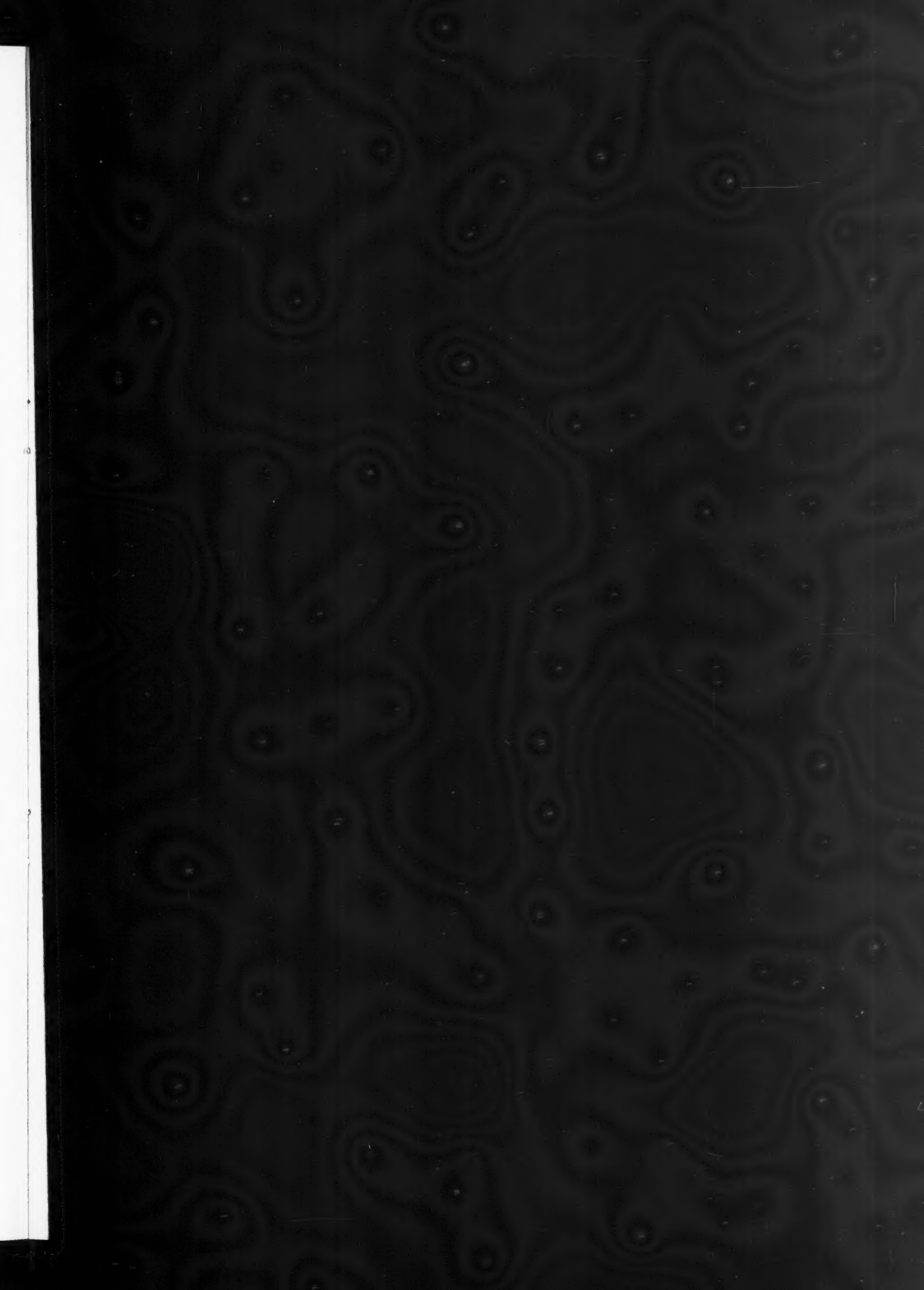
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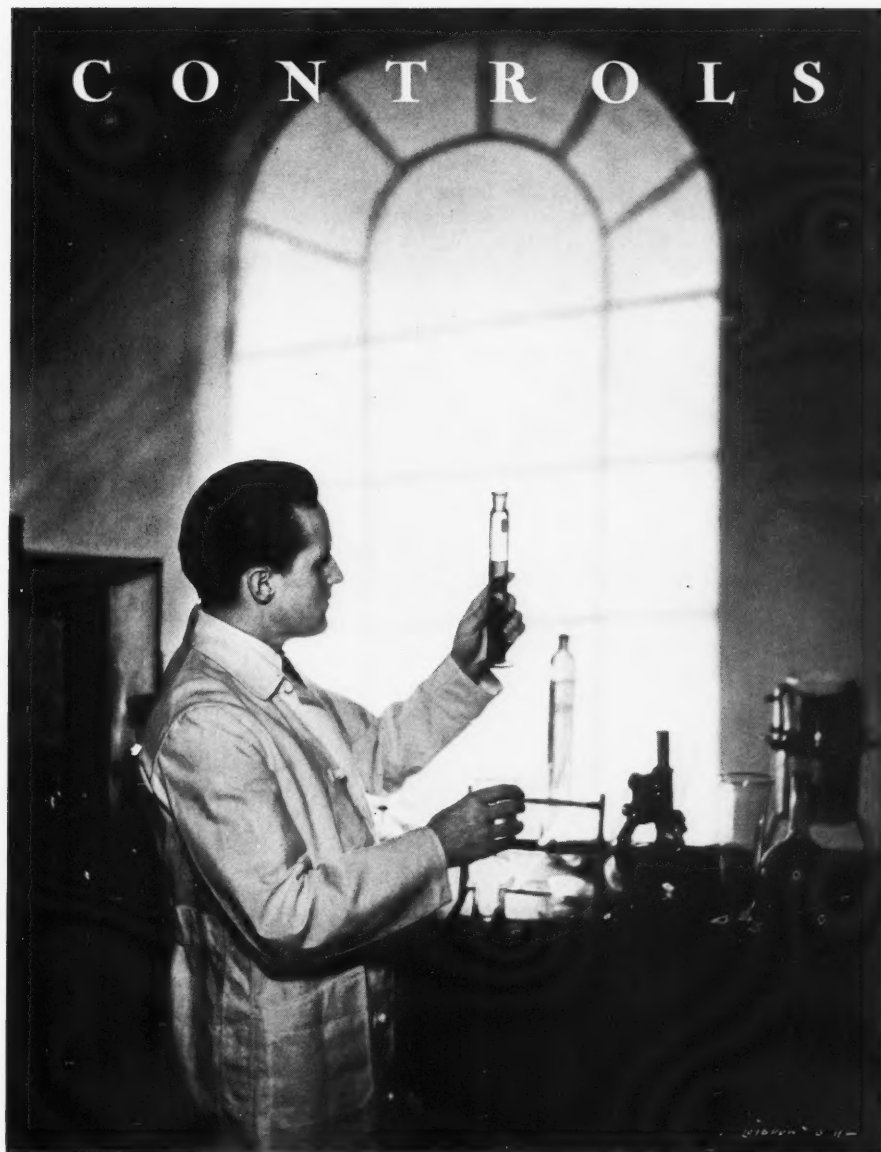
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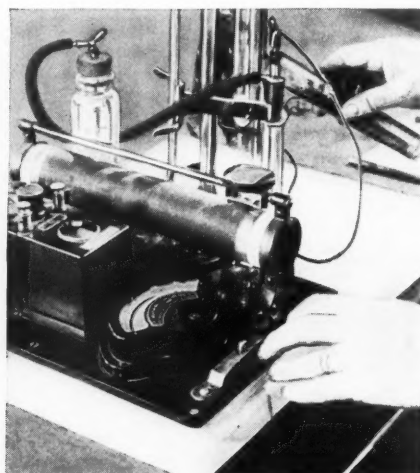
triple control is maintained by testing the absorption rate of specimens from each lot in digestive fluids, by ash analyses for determination of the chromium content, and by implantation of specimens in animals.

The intensive heat sterilization to which all D & G Sutures are subjected is also safeguarded by a triple control. The sterilizers are equipped with sealed self-registering thermometers, indicating thermometers, and recording thermometers.

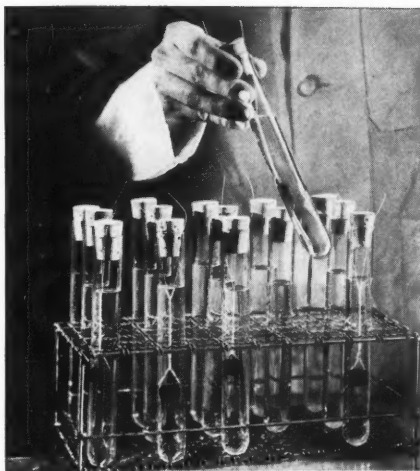
The sterility of D & G Sutures is verified by taking tubes at random from each lot and testing them aerobically and anaerobically under the most rigid bacteriologic tests ever



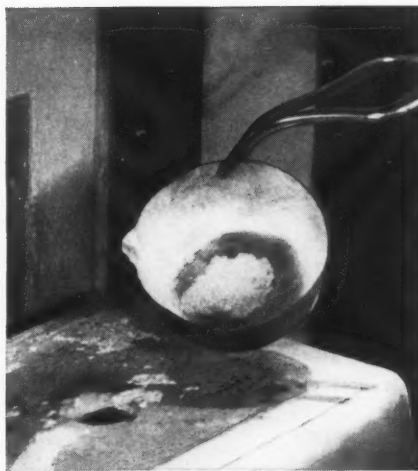
Testing raw catgut for excess fats



Neutrality is checked by titration tests



Testing absorbability of catgut

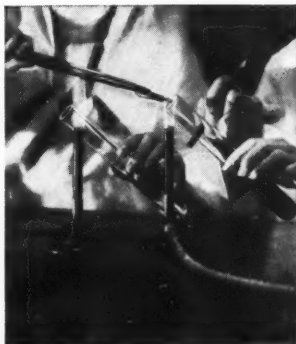


Ash analysis for chromium content

devised for testing catgut. During the testing period, all lots of sutures are stored in locked compartments and are not released until the bacteriologic tests have been completed and the specimens approved.

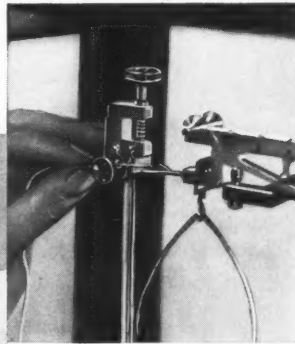
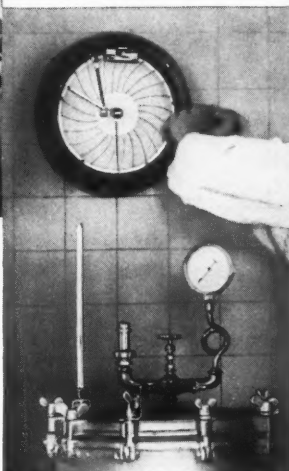
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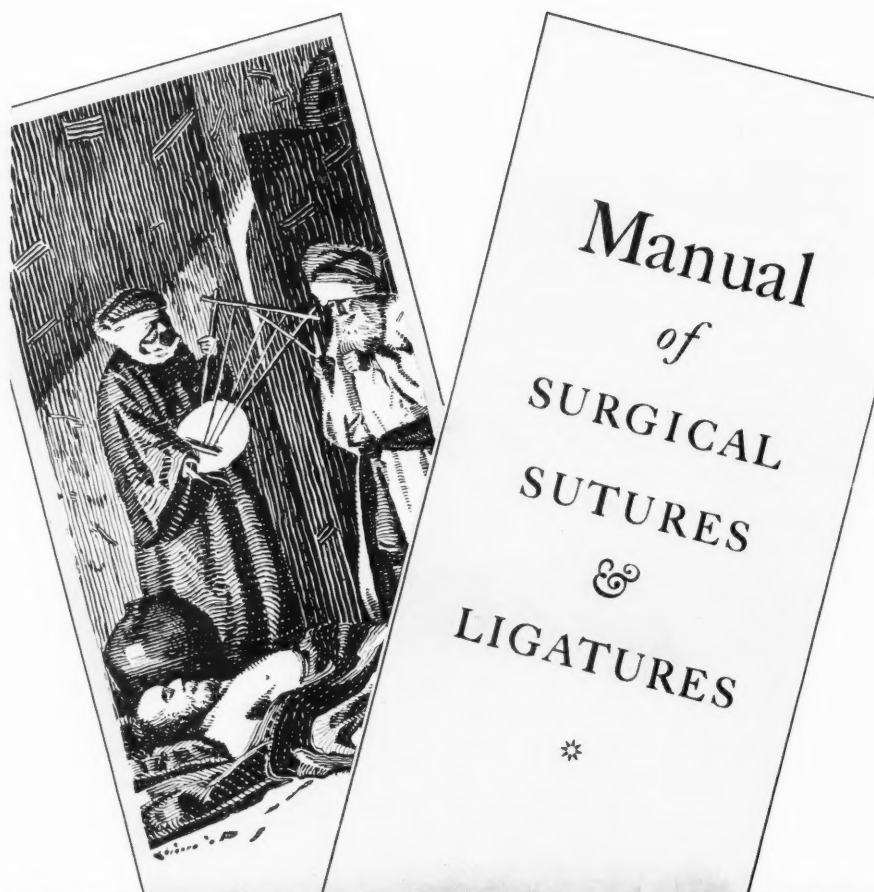


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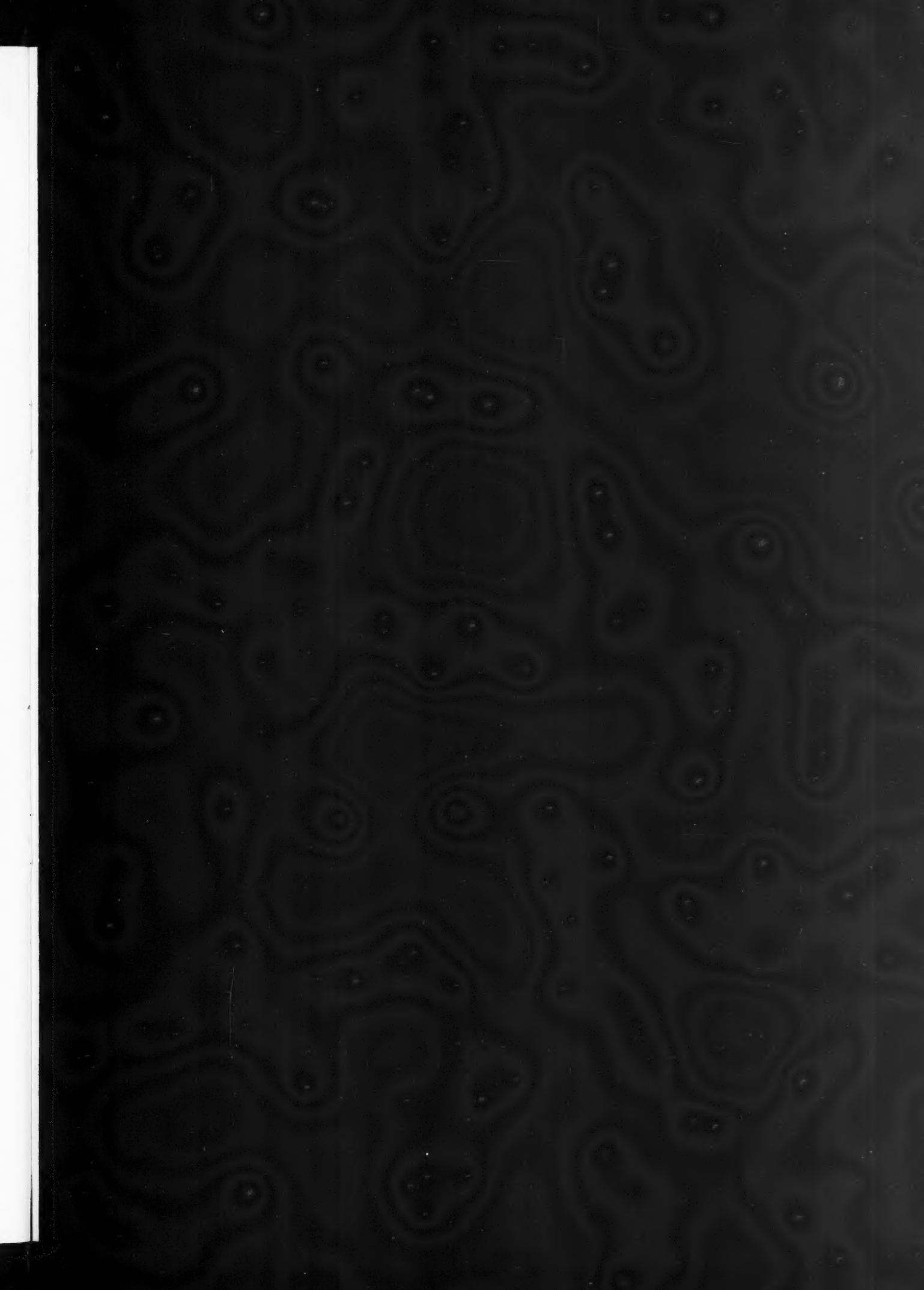


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Hospital Aid News

Women have this in common with angels, that suffering beings belong especially to her.—*Balzac.*

God has placed the genius of women in their hearts, because the works of this genius are always of love.—*Lamartine.*

Next to God, we are indebted to women, first for life itself, and then for making it worth having.—*Bovee.*

Women in health are the hope of the nation. Men who exercise a controlling influence—the master spirits—with few exceptions, have had country-born mothers. They transmit to their sons those traits of character which give stability to institutions, and promote order, security and justice.—*Dr. J. V. C. Smith.*

They say that man is mighty
He governs land and sea,
He wields a mighty sceptre
O'er lesser powers that be;
But a mightier power and stronger
Man from his throne has hurled,
For the hand that rocks the cradle
Is the hand that rules the world.

—*Wm. Ross Wallace.*

AYR.—Hospital Aid members here have been very active. Recently a charting desk was presented by them to the Galt Hospital. The activities of this energetic group go to helping Galt Hospital and the Freeport Sanatorium. A musicale will be held shortly at the home of the President, Mrs. Hugh Paterson, to augment the funds of the Society.

The President of the Provincial Association addressed a representative meeting of Hospital Aid members at Galt on April 4th.

BRAMPTON.—The women of the Brampton Hospital Aid are having a Florence Nightingale tea on May 12th at the home of Mrs. J. H. C. Waite. The Provincial President will attend and give an address.

Nearly all Hospital Aids within the Ontario affiliation are assisting in the celebration of Hospital Day, May the 12th.

At the request of the Chairman of the American Hospital Association National Hospital Day Committee, Miss V. Miller, 400 copies of the Sketch of Florence Nightingale and National Hospital Day leaflets were sent to the above association to be used to promote interest and enthusiasm in Hospital Day. The Hospital Aids Provincial President compiled these interesting and informative leaflets—which have helped to spread hospital mindedness throughout the continent.

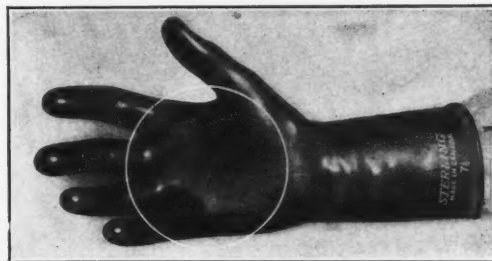
DUNNVILLE.—With a membership of 43, the energetic women of this Aid have lost no time since organized less than a year ago in doing much for the Hospital. The first venture was a Shower Tea when goods valued at one hundred and fifty-three dollars were donated. Kellogg Day proved interesting as well as remunerative, thirty-six dollars being realized.

Recently, members in co-operation with the Board of Governors, held a Carnival which brought \$1,845. In January, a Bridge, \$42.00; in February, a Valentine

(Continued on page 23)

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MAY, 1933

No. 5

The Pressing Need for More Adequate Financing

DR. R. A. SEYMOUR, General Superintendent of the City Hospital, Saskatoon, has resigned owing to a difference of opinion with the city council on a question of policy in relation to the hospital budget. He stated that he could not curtail operating expenses as demanded by the city council and accept the responsibilities of such a course.

Dr. Seymour is one of the leading hospital administrators in the Western Provinces, where he has spent many years in developing hospitalization to meet the special needs of western communities. He undertook the task of reorganizing the City Hospital at the request of the Board of Governors, and during his tenure of office was complimented on his progress by internationally known hospital executives.

Unfortunately, in these times of world wide stress, efficiency is not always fittingly rewarded. In this case Dr. Seymour could not endorse suggested economies which he believed would seriously impair the services of the hospital, and he had the courage to stand by his convictions.

Reductions in provincial and municipal grants, together with reduced income and increased charity work, have placed a tremendous strain upon the hospitals, not only in the West, but throughout the country. Nevertheless, it has long been a cherished tradition of our hospitals that they should not close their doors on those who are unable to pay.

If the province and municipality will not, or cannot, meet the attendant deficits, it would seem high time that some form of group or state hospitalization be proceeded with which would not only enable the hospitals to pay their way, but would also make it easier for those who so often

find the hospital bill an unexpected and staggering financial burden. As Dr. Harvey Agnew remarked some time ago, "the United States and Canada are almost the only important countries which have not adopted some form of national health insurance."

It is regrettable that an executive of Dr. Seymour's calibre should suffer as a result of the economic situation, and it is to be hoped that the hospital with which he has been associated will soon experience better times.



Mimeographed Bulletins for Patients, Personnel and the Public

THERE appeared in Hospital Management some time ago an article entitled "Mimeograph Helps Sunnyslope to Put Over 'Personality,'" in which the author, Ellen E. Standing, Superintendent, Sunnyslope Sanatorium, Ottumwa, Iowa, outlines her institution's plan for increasing public interest in the hospital, improving personnel morale and encouraging good humour and cheerful outlook among the patients. Miss Standing firmly believes that a hospital needs a "winning" personality just as an individual does, and toward that end the mimeograph is used at Sunnyslope.

Hardly a day passes that something is not printed on the mimeograph. Sometimes it is a "Message to New Patients," a "Good Morning" greeting, a menu card, or then again copies of the "Pretzel" or "Health Habits." Myriad other uses are found for this piece of modern office equipment. It is not unusual to "run off" a batch of hospital forms, history sheets, an annual report or a letter to physicians.

Getting the patient in the right frame of mind and keeping him there is one of the most difficult and at the same time most necessary tasks in a tuberculosis hospital. It is sometimes impossible to have a long chat with the incoming patient and tell him all the things he should know. Therefore Sunnyslope furnishes every incoming patient with a copy of "Message to New Patients," which may be read at leisure and which will certainly be much better digested than a long verbal conversation.

The "Good Morning" greeting was started about two years ago. It consists of a small leaflet or card which makes its appearance at each breakfast plate every Sunday morning. The quotations thereupon are gleaned from books and magazines, as also are the cover pictures, although occasionally originals are used.

"Health Habits," or the "pink bulletin" as it is called locally, is a 20-page bulletin published at Sunnyslope and mailed every month to each grade teacher and parent-teacher association in the vicinity of the hospital. The object is to promote better health among school children. The "Pretzel" is a smaller bulletin circulated semi-monthly among patients and their families. The main object of the bulletin is to teach the patient how to get well and keep well and how to live so that he will not endanger the health of others. It serves another purpose—that of a "pep talk," to keep patient morale up to standard.

The cost of these publications is said to be nominal. The initial cost of the mimeograph was met through the

sale of Christmas seals. "The "Good Morning" greetings cost less than 15 cents a week, including stencil, paper and ink. Stencils are used twice and sometimes they are indefinitely saved, perhaps to be used again. The cost of "Health Habits" is 6 cents per copy, including mailing, and about 700 copies are mailed monthly. The cost of the "Pretzel" is determined by the number of copies; when it is mailed to patients' families the cost naturally increases.

There are several makes of dependable machines on the market which print by the stencil method, and also from type, and it is sometimes possible to obtain a good used machine. These are often in excellent condition and may be purchased at a comparatively low price.



Improved Facilities Add to Effectiveness of Oxygen Therapy

THE increasing use of oxygen as a therapeutic agent is indicated in the appearance during the past few years of several improved types of oxygen tents and chambers, and special equipment for the fitting out of oxygen rooms. Manufacturers of oxygen have also contributed their full share in its development by producing a product which contains no harmful impurities and which complies with the standards of the British Pharmacopoeia.

Oxygen tents and chambers, on account of their portability and comparatively low first cost, will no doubt continue for some time to come, to be the most popular equipment employed for oxygen treatment. Oxygen tents cost from about \$300 to \$500, at factory. A portable oxygen room about \$1,000 and a built-in oxygen room costs from \$3,000 to \$4,000.

A portable oxygen room which is said to be extremely satisfactory, has recently been placed on the market. The cost is somewhere between that of an oxygen tent and a built-in oxygen room. It has all the advantages of a room with accessibility to the patient, does not require the use of soda lime and uses about three cylinders of oxygen a day and about 300 pounds of ice. The temperature in this room can be kept as low as 65 degrees on even a hot summer day, with a relative humidity of about 40 per cent. It can be set up permanently in a hospital or it can be taken to a home and set up in one and one-half hours. Authorities claim that the cost of oxygen treatment is not excessive. The large scale use of oxygen for many purposes has led to the availability of a product which can be obtained at a reasonable price. The cost of oxygen is not the same in all communities and depends to a certain extent on the quality of oxygen used.

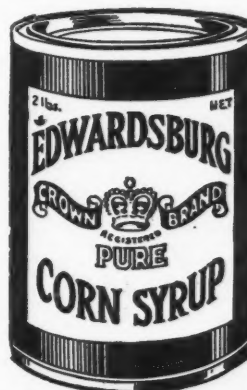
We have available copies of articles on oxygen therapy written by leading authorities, and shall be glad to send copies to anyone interested.

"If you have sweated from the brow, been beaten to the knees, had your spirits rent in twain, had your hopes blighted, your friends forsake you, been misunderstood, sneered at, derided, and lost battle after battle, then you do not know the need of acquiring the patience of the Master Man."—*Fern*.

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News of Hospitals and Staffs

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and Personal News of Hospital Workers*

BRANDON, MAN.—A. C. McPhail, superintendent of Mental Hospital farms at Brandon, retired on pension, May 1, after 17 years' service.

* * *

CHARLOTTETOWN, P.E.I.—Work on the new Prince Edward Island Hospital will be finished about May 1st, and the building will probably be opened in June. Splendid progress has been made in the construction work by the contractors, A. F. Byers & Co., and by the sub-contractors. At the present time there are forty men at work in the building.

* * *

CHATHAM, ONT.—The nursing profession of Western Ontario suffers a great loss in the passing on April 6th in London of Miss M. Sutherland, superintendent of Nurses at the Ontario Hospital. At the time of her death Miss Sutherland was convener of membership for district number one R.N.A.O., of which Miss Priscilla Campbell of this city is president.

LONDON, ONT.—A. L. Hutton, son of Dr. R. L. Hutton and Mrs. Hutton, of Brantford, who graduates this year in medicine from the University of Western Ontario, has been appointed as intern at Parkwood Hospital, London. Mr. Hutton succeeds Dr. Herbert Moser, who goes to Victoria Hospital staff at the close of his year as intern at Parkwood.

* * *

LONDON, ONT.—Announcement of four appointments for medical graduates of the University of Western Ontario has been made by the alumni association of the college.

The list includes Dr. Angus McKillop, '26, named the first Western graduate to the anatomy department of the University of Toronto. He will act as demonstrator. Dr. Omrie Smith has been named to the staff of the Toronto Western Hospital. Dr. Hubert Loughlin, '30, to be resident physician of Providence Hospital, Detroit, and Dr. Colin Brown, '31, assistant physician at the Psychiatric Hospital, Toronto.

* * *

LONDON, ONT.—David W. Crombie, M.D., M.R.C.S., L.R.C.P., has been appointed superintendent of Queen Alexandra Sanatorium at Byron by the directors of the London Health Association. He succeeds the late Dr. Frank Pratten.

Dr. Crombie, who comes here in May, has since 1926 been on the staff of the Calydor, Muskoka Sanatorium.

Dr. Crombie is a former Londoner, his father being at one time a C.N.R. official here. He received his primary education here, and entered the study of medicine at McGill, graduating in 1918, after which he took a post-graduate course at Sananac, N.Y., and London, Eng.

* * *

LONDON, ONT.—Approval by the Ontario government of the specifications is all that is required for the erection of a new \$50,000 wing at Parkwood hospital at London. Decision to build the new wing, which will provide accommodation for 30 beds, was reached on April 5th at a meeting of the Women's Christian Association. The association acts as a board of directors for both Parkwood and the McCormick Home for Aged People. Parkwood hospital at present is filled to capacity with 95 patients, and many applicants are waiting to be admitted. The board decided the new wing was necessary this spring. It will be built from its endowments and without public appeal. Mrs. C. E. Jarman is the convener of the building committee.

* * *

MELVILLE, SASK.—The council has decided to accept the offer of Mrs. A. Brandon for the operating of a private hospital, which will supercede the present municipal hospital of which Mrs. Brandon is now matron.

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A tentative agreement containing some concessions on water, sewage and taxes has been drafted. The agreement will be submitted to the local government board, and if approved by it, the present hospital will be closed, and a private house will be rented by Mrs. Brandon for hospital purposes. The council has agreed to instal the present equipment in the house so acquired, and to pay for any additional plumbing which is deemed necessary.

* * *

MONTREAL.—Work on the new St. Mary's Hospital was to commence about April 20th, it was announced by Major D. J. O'Donahoe, chairman of the house committee and member of the finance committee of the institution, in addressing the annual meeting of the Ladies' Auxiliary of the hospital on April 6th in the Mount Royal Hotel.

* * *

OTTAWA.—Canadians must continue to buy their sweepstake tickets if at all, in dark alley fashion, the House of Commons on April 18th defeating a bill to legalize lotteries conducted for the benefit of hospitals. The six months' hoist—a time-honored parliamentary way of killing a measure—was given the bill, 76 to 15, the vote cutting across party lines.

The bill passed the Senate after a rough passage, but found few supporters in the elected chamber. The common ground for opposition was that it fostered gambling and would not assist hospitals.

* * *

OTTAWA, ONT.—In a special session of the Board of Civic Hospital Trustees, deductions in salaries along the same line as approved by the Board of Control and aldermanic caucus for the civic service were endorsed.

Salaries up to and including \$2,500 will bear a ten per cent deduction, from \$2,500 to \$4,000 there will be a 12½ per cent deduction, and on all salaries over \$4,000 a 15 per cent deduction, to apply for the nine months.

The total deduction will work out to a little better than 10 per cent on the salary list, as naturally no deduction was made from pupil nurses who get only an allowance of \$10 per month.

* * *

QUEBEC, QUE.—In less than forty-eight hours after sanction of the bill giving the Provincial Government the right to draw on consolidated revenue to make up temporary deficits in the public charities funds, a sum of \$500,000 had been paid to hospitals and other charitable institutions of the Province.

As explained by Hon. R. F. Stockwell, Provincial Treasurer, the position of the Government was that sums due under the Public Charities Act could only be paid out of funds collected from its four special sources—the meal tax, the amusement tax, the tax on horse-racing, and an annual sum of \$1,000,000 drawn from the Quebec Liquor Commission revenues, with these temporarily proving insufficient, a sum of about \$1,200,000 had become due to charitable institutions under the Act—although a considerable portion of this, according to the Prime Minister, could have been paid if municipalities had paid their contributions.

Since the passing of the bill, accordingly, the amount due has been cut to \$700,000.

SASKATOON, SASK.—Dr. R. A. Seymour, General Superintendent of the City Hospital, resigned his position on March 31st.

* * *

SMITHERS, B.C.—The Sisters of St. Ann at Victoria have accepted an offer whereby all the assets of the local hospital association will be turned over to their organization as a one-third contribution from Smithers toward the construction of a \$30,000 hospital here. Advice to this effect has been received from Bishop Buno, Prince Rupert.

The citizens of Smithers will have representation on the board of management under the new administration. A site for the new hospital has been reserved on Bulkley Hill. Construction will commence at an early date.

(Continued on page 23)

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REFLECTIONS OF THE PRESS

Vital Subjects Pertaining to Hospitals and Health Discussed in the Public Press During the Past Month.

Sterilization of the Unfit

A famous British surgeon recently performed an operation in defiance of the law in the hope of focusing public attention upon a necessary reform. The operation was carried out in the presence of a number of students at one of the large teaching hospitals, the surgeon explaining the circumstances. "This woman," he said, indicating the patient, "already had four children when he first saw her — all mentally deficient. She was about to have a fifth, and he was asked to perform an abortion."

The surgeon continued: "I refused, because I disapprove of sacrificing the life of an unborn child; but now that the child has been born I am going to make sure that this mother is not put to such distress again. She wants no more children, and she has consented to be sterilized permanently. Well, the law forbids me, but I defy it. Let them prosecute me if they like; I should welcome it because the more publicity focussed on this urgent matter the better."

This incident may impress the British Royal Commission on the sterilization of defectives appointed some time ago. Two Western Canadian provinces have already adopted acts legalizing sterilization in order to lessen the multiplication of imbeciles and defectives. The Lieutenant-Governor of Ontario has his campaign in hand. In a series of interesting addresses he seeks to familiarize people with the idea, and thus to formulate public opinion in support of a change in the law which must come if we are to prevent the fit from being submerged by the growing number of the unfit.—*Toronto Mail and Empire*.

* * *

Osteopathy in Ontario

A bill to amend the Medical Act has been introduced in the Ontario House, having for its object the improvement of the status of osteopathy in this province. Whatever may be one's personal opinion of osteopathy, there is no denying that the present official attitude towards the art is unsatisfactory and anomalous. An increasing number of people believe in the efficacy of osteopathic treatment, personal experience being the basis of their faith; many members of the regular medical profession specialize in its principles and the requirements demanded of those who are not allopaths are of a character to ensure that none but the qualified shall be permitted to practice. No organization is more anxious than the osteopaths themselves, it can be confidently asserted, to bar out the incompetent; but this can best be achieved by regularizing the status of the system in this province, instituting definite standards and qualifications and distinguishing those who attain those standards with recognized titles.

The bill in question seeks to secure the election of five

approved osteopaths to the council of the College of Physicians and Surgeons and to bring legally qualified practitioners under the Medical Act. It prescribes the studies essential to the completion of the course and other qualifications demanded of candidates before registration. It keeps out all who fail to measure up to the requirements and so protects the public from the unscrupulous and unskilled. Candidates who pass the tests and succeed in getting their names inscribed on the official rolls will, under the provisions of the bill, be entitled to call themselves "doctor," just like members of the regular medical professions, and none but registered doctors will henceforth be able to practice. Osteopathy has established itself in favour with a large section of the citizenry, whose opinion is worthy of respect. Those who do not agree as to its merits are under no compulsion to have recourse to it; but the system is entitled to fair treatment, without prejudice or discrimination. This the bill is intended to ensure. Some provinces of Canada have already enacted similar legislation.—*Hamilton Spectator*.

NOTE.—This bill was rejected by the legal bills committee of the legislature on April 11th. "There is no doubt," said Hon. Chas. McCrea, chairman, "great benefits are conferred on sufferers by osteopathy. This bill goes too far and we will have to work out some means for the advantage and protection of the public."

* * *

Children's Health, Now and in the Future

At the annual meeting of the Children's Memorial Hospital, held in April, the report of the Social Workers indicates one of the many serious consequences of the present depression. More and more the hospital is being compelled to deal with cases arising directly from malnutrition or actual undernourishment among the children of Montreal. Such cases were no part of the hospital's original care, but as the gravity of the depression has increased and as more and more children are becoming its victims, the Children's Memorial Hospital has thrown open its doors to a steadily increasing number and variety of cases and ailments until it is now, in the words of the Medical Superintendent, a general hospital for children.

It is a dark picture that is thus presented, and we shall not realize the full significance of it for years to come. Medical science has been for years laying great stress upon the importance of care, attention, and, above all, proper diet in the early years of the child's life. The wisdom of such teaching and its effects upon parents has been amply proven by the steady betterment in health statistics. Of course, in times like these the home care of a multitude of children is bound to be lessened. Both in quality—and too frequently in quantity—their food suffers, and

hundreds of parents, anxious and distressed by many added worries, are no longer able to care for them as they used to do.

All this is bound to have an effect eventually upon the general health average of children so handicapped; the wonder is that it has not been apparent before this. Tuberculosis, which the hospital is finding an increasingly grave problem—as are all other institutions of its kind—discovers easier prey among undernourished children, and one entire pavilion of the two erected this year is now reserved for this disease.

Altogether the Children's Memorial has a serious problem on its hands in the fight to counteract the evil effects of hard times upon the unfortunate children of this great city. It is manifestly more than ever important that this fight should go on with increasing vigour, for it is largely on what institutions of this kind can do that the future of these children depends. Much can be done and is being done to counteract the effects of the inevitably diminished care and proper food that go with periods of acute depression. Were it not for this, the consequences of present conditions in the years to come would be more grave than—it is to be hoped—they now will be, although, with all that can be done, they will be grave enough.—*Montreal Star*.

Testimonials Worthless

"Denied the use of testimonials, the racket of the fake healer, who is the gangster of the cure-all world, would be nothing but a whisper." This statement by Dr. Solon R. Barber suggests his subject in part IV of the series, "Quelling the Quacks," which appears monthly in Hygeia. Some testimonials are bought with money, a two-pants suit or a supply of photographs. A few testimonials are sincerely given, because the person believes that the "bear oil" actually was a cure. In many instances writers of testimonials are in their graves at the time their letters appear. What the testimonial giver says is of little importance, in the opinion of Dr. Barber, because the average layman who furnishes the testimonial is completely unable to diagnose his trouble.

Hospital Aid News

(Continued from page 17)

Card Party, \$125.00; in March, a Rummage Sale, \$62.00; also cash donations of \$18.00, besides membership fees of \$22.00.

A washing machine was purchased for the hospital laundry, also material for doctors' gowns, patients gowns, pneumonia jackets and towels. The Women's Institute replenished the supplies for the nursery, in co-operation with the Aid.

The foregoing speaks volumes for the success of this energetic group.

FERGUS.—A meeting of interested citizens and members of the Hospital Board of the Groves Memorial Hospital will hold a meeting on April 28th for the purpose of forming a Hospital Aid. The Provincial President will attend, and give an address on aims of Hospital Aids—and assist in the organization.

KITCHENER.—A large number of representative women from Waterloo and Kitchener enjoyed a delightful and illuminating address given by the Provincial President on

March the 24th when Mrs. A. R. Kaufman, King Street, Kitchener, opened her beautiful home to interested women of the city and district to hear a talk on Hospital Aid Activities. A reception was later held at the nurses' residence, when Miss Scott, the Superintendent, and Mrs. C. D. Walsh, President of the Kitchener Aid, received the guests, among whom were Mrs. A. R. Kaufman, Mrs. Mary Kaufman, Mrs. August Lang, Mrs. J. S. Lockie, Mrs. C. F. Ott. Mrs. Kalbfleisch and Mrs. O. H. Hughes pouring tea. Assistants were: Mrs. Clifford Belyea, Mrs. F. R. Pollock, Mrs. A. L. Campbell, Mrs. A. L. Bitzer, Mrs. J. Carroll, Mrs. C. L. Upper, Mrs. C. F. Thurlow, Mrs. Charles Hahn.

During the afternoon Mrs. Fruergaard-Peters delighted the guests with violin selections, accompanied by Mrs. Peterson. Little Miss Kaufman, in a spring time pink dress, gracefully presented Mrs. Rhynas with a bouquet of sweet peas and pink roses.

News of Hospitals and Staffs

(Continued from page 21)

TORONTO.—Appointment of Miss Nora Moore as director of public health nursing was approved by the board of control on the recommendation of Dr. Gordon P. Jackson, M.O.H.

Miss Moore, formerly assistant director, succeeds Miss Eunice Dyke, who was dismissed from the service along with Miss M. I. Bullick in connection with the death of Baby Kenny.

The board also approved appointment of Miss Zoda N. Keefer as assistant director of the division.

Miss Moore has been connected with the department since 1912, and Miss Keefer since 1915.

* * *

TORONTO.—Realizing the long-cherished dream of making some substantial contribution to Women's College Hospital, the Sherbourne House Chapter, I.O.D.E., has voted \$1,500 for equipment of an operating room at the hospital. Much of the sum allocated was secured by individual effort in raising "talent money," and some of the schemes revealed surprising ingenuity and initiative. Miss Meiklejohn is the Superintendent of the hospital.

* * *

TORONTO.—Grants to hospitals made by the Provincial Government are to be reduced from 10 to 15 per cent., Hon. Dr. J. M. Robb, Minister of Health, informed the

(Continued on next page)

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(Continued from preceding page)

Legislature on April 3rd when speaking on second reading of his two bills amending the Public Hospitals Act and the Sanatoria for Consumptives Act. The saving to the Government is about \$100,000.

The amendment to the Public Hospitals Act which passed second reading, provides for a reduction in the municipal liability for indigents in hospitals from \$1.75 to \$1.50. He explained that the average cost per patient in the Ontario hospitals had been reduced to \$1.01 per day from \$1.25, the reduction having been made in the last two years. The saving in this regard in cost of mental hospitals was \$989,800, while there are \$11,300 patients in these hospitals.

"We have impressed on hospital authorities the necessity for reasonable means in order to reduce their costs," observed Dr. Robb.

* * *

VANCOUVER, B.C.—An offer to purchase the Old Point Grey Municipal Hall, for \$30,000 was made to the City Council by the Sisters of Charity of the Immaculate Conception. It is desired to use the building for a hospital.

The offer is conditional upon civic and provincial permission being granted to use the building for hospital purposes, excepting tuberculosis and contagious diseases. The offer was in the form of \$10,000 cash with payment of the balance to be arranged. The matter was referred to a committee on property purchases.

* * *

VANCOUVER, B.C.—Contract for construction of a new hospital was let on April 12th by the board of directors of Crippled Children's Hospital to the firm of Baynes & Horie. The price was \$36,424, and it was expected construction will commence early in May.

The institution, which will replace present rented quarters at Marpole, will be erected on a new site, three and a half acres in extent, just south of Langara golf links and overlooking the Fraser River. The property is bounded by Fifty-ninth Avenue, Columbia Street, Sixtieth Avenue and Manitoba Street. Clearing of the site has been completed.

* * *

VICTORIA, B.C.—In future a tax of 5 per cent on all public meals in this province will be levied by the government and the revenue thus derived will be turned over to the hospitals of British Columbia.

Levy of this tax is designed to relieve the situation for the hospitals which, owing to cancellation of the government's former grants of about \$250,000, were faced with serious financial situations. It is reported that this plan may be altered in the event of sweepstakes for hospitals being authorized.

Although it is a difficult matter to calculate what the revenue may be from the new tax, it is anticipated that it will approximate a quarter of a million dollars annually. In that event, the hospitals would be compensated for the loss of their present grants during the present financial crisis. The tax will be collected by restaurant operators and will be handed over to the government by them in the same manner as theatre operators are now doing.

* * *

WINNIPEG, MAN.—In accordance with an announcement made by C. S. Riley, President of the Hospital

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Board, the out-patient department of the Winnipeg General Hospital closed on April 15th, and will not reopen until financial assistance from the city has been assured. More than 24,000 citizens, unable to afford the services of private practitioners, are denied free clinical service with the closing of the clinic. During the last fiscal year of the hospital, ending Aug. 31, 1932, 24,582 patients paid 83,969 visits to the clinic.

* * *

YARMOUTH, N.S.—The Board of Directors of the Yarmouth Hospital have decided to dispose of the hospital farm. The farm has not been able to show a profit in operations.

To alleviate the crowded condition of the present nurses' home the Board has leased another property as a temporary residence for a period of 6 months. At the end of this period it is hoped that more permanent arrangements will be made.

With the Manufacturers

Viceroy Company Announces New Executives

Viceroy Manufacturing Co. Limited, West Toronto, announce the appointment as vice-president of Clifford A. Jones, formerly general manager of the Seiberling Rubber Company, and W. H. (Si) Hodgins, also of the Seiberling Rubber Company, as manager of the drug sundry division.

Mr. Jones is one of the best known executives in the rubber industry in Canada. He was president of the Rubber Association of Canada for the 1931-1932 term. Prior to coming to Canada, he was assistant general sales manager of the Seiberling Rubber Company, Akron, Ohio, and from 1911 to 1921, assistant sales manager, mechanical rubber goods department, Goodyear Tire and Rubber Company, Akron, Ohio.

Mr. Hodgins has been closely associated with the merchandising of rubber goods to the drug trade in Canada for a period of 26 years. He is reported to have sold the first moulded hot water bottle ever made in Canada. During the past six years, he has directed the merchandising policies of the drug sundry department of the Seiberling Rubber Company.

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In the selection of hospital equipment, replacement cost is always an item of important consideration and this particularly applies to plumbing equipment and fixtures, which in a hospital are subjected to considerable abuse.

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Not least of their advantages is the sanitary feature of these seats. Being stain-proof and impervious to odors, they are regarded as the most sanitary toilet seats obtainable. And they are easily cleaned with soap and water.

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HOSPITAL EXECUTIVE—14 years' experience as Secretary-treasurer, Accountant, Purchasing Agent, Business Manager, would welcome change to similar position or lay superintendent of 100-bed hospital. Apply Box 44, The Canadian Hospital Journal, Toronto.

X-RAY COURSE FOR PHYSICIANS—NURSES

Three months—Instruction in Technique—Interpretation Classes form first of each month. Information write

DR. A. S. UNGER, Director of Radiology

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YOUNG MAN, experienced in hospital accounting and collecting, desires position. References submitted on request. Box 93 F, The Canadian Hospital, 177 Jarvis St., Toronto.

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A Practical System to Reduce Linen and Laundry Costs

(Continued from page 9)

is either exchanged or repaired, so that the complement again remains constant.

We do not allow any patched bed linen to be used in any of our wards; sheets, spreads or blankets being cut down for nursery cots or for the cribs of children's wards. All other linen is salvaged if possible, but if beyond further use, it is immediately dyed a light blue, and no one is permitted to use any rags but these for dusters, etc. Being dyed blue, it is easy to distinguish from it other hospital linen being used for purposes other than those for which it was intended.

Before these changes were made, our sewing rooms made use of a great variety of qualities and makes of fabrics. We have, to a large extent, worked out a standard on the best quality of unbleached and bleached sheeting for most purposes, and we find that where it is possible to use the unbleached cotton, the life of the article is lengthened considerably. For instance, we use unbleached sheeting entirely for our draw sheets, patients' gowns, doctors' gowns, nurses' gowns, nurses' Diet Kitchen, Operating Room and Isolation gowns, bed pan covers, etc. These are all washed before being put into service, and it is surprising how quickly they whiten up. We use bleached sheeting for making our nurses' uniforms, cuffs, aprons, for screen covers, dresser scarves, and so forth.

In the matter of towels, we have standardized on "Union" towelling, which is part cotton. It gives us considerable more wear than the straight linen, even in dish towelling, and it does not seem to perish with sterilizing to the same degree as the linen does.

In the replacement of our Operating Room towels (about 100 a month), those that show the slightest wear are immediately withdrawn and marked so they can be identified as being replaced, and then put into service in some other department, such as the laboratory, where the darns or small holes are not objectionable.

We formerly used an imported crested spread, these costing us about \$3.50 each. We now use a Canadian-made Krinklelette spread, at one-third the price, and this gives us better service.

For the past fifteen months we have been using an imported sheet, guaranteed to last for five years, and to date we have not made any replacements. A sample of this sheet was put through our laundry for 500 washings before much deterioration was shown.

We have endeavoured to simplify our patterns, doing with tails, tapes, etc., as much as possible, as these all make for continued maintenance. Our patients' and doctors' gowns are made of one piece, and shaped by a pleat in the front at the neck band. This cuts down the original cost, and also further repairs to the side seams, which we have eliminated.

All stained linen is withheld from the wards, a supply being kept in the linen room, and requisitioned for use in those cases in which staining drugs are being used, such as burns, erysipelas, etc. When a quantity of stained linen has been accumulated, it is returned to the laundry for special stain-removing treatment.

The putting into effect of the above principles has, in the Regina General Hospital, been very satisfactory, not

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only in the matter of always having an adequate supply of linen, but also a large saving has been shown in the cost of our laundering, as well as in the amount of linens purchased.

Since 1930 a marked reduction has been made in the number of pieces of linen replaced. The following are a few examples:

	1930	1932
Sheets replaced	1,095	415
Spreads replaced	560	298
Pillow Cases replaced	1,043	871

The following is a comparison of costs for the years 1930 and 1932:

	1930	1932
No. of pieces laundered	1,700,146	1,541,622
Laundry Wages	\$14,539.00	\$10,177.00
Laundry Supplies	7,390.00	3,944.00
Linen and Sewing Room		
Wages	4,239.50	3,650.00
Cost of new Linen	13,200.00	5,361.00

In making these changes, some interesting facts were brought to light. One was that the average monthly number of items laundered is approximately 125,000 pieces. This includes all our hospital linen, nurses' home linen, including the personal laundry of the resident staff, yet out of this total we find that our case room, which averages 50 cases a month and our maternity floor nursery, with a daily average of 16 babies, use over 11,000 pieces a month. Also, our children's ward, with an average of 15 patients a day, used over 9,000 pieces a month, or a combined total of nearly one-sixth of all our laundry, or considerably more than the total laundry for our nurses' home, including the personal laundry of a staff of 130 persons.

I wonder how much consideration is given this item when estimating the cost of these services? In our own hospital, the charge for a baby in the nursery is only 50c. per day.



WE PREPAY THE FREIGHT ON BED GOWNS

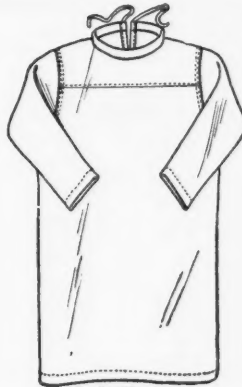
in Twelve Dozens Lots, or on Orders for an Assortment of items amounting to \$100 or more.



Style No. 442

NURSE'S OPERATING GOWN

Full-length gown with plain front, neat turn-over collar and full-length sleeves. Closes down back with tie tapes, and with long belt stitched on front to tie at back. Can be furnished with knitted cuffs which fit closely and easily into the rubber gloves.



Style No. 407

PATIENT'S BED GOWN

Standard length, 40 inches, closes down back with tie tapes, or linen buttons, if preferred, reinforced with yoke both back and front.

Material Number	Description	Prices Per doz.
97	Unbleached Sheeting	\$6.75
99	Best Quality Unbleached Sheeting	9.00
58	High Quality Bleached Sheeting	9.50
56	Bleached Marble Head	10.50

SURGEON'S OPERATING GOWN

A full-length gown with plain front, standing collar and full-length sleeves. Closes down the back with tie tapes, and with long belt stitched on front to tie at back. Can be furnished with knitted cuffs which fit closely and easily into the rubber gloves.



Style No. 431

Reduced Prices on Operating Gowns

Material Number	Description	Per doz.
99	Best Quality Unbleached Sheeting	\$12.00
58	High Quality Bleached Sheeting..	13.00
56	Best Quality Bleached Marble Head	15.00

Above prices are for regular cuffs. If required with knitted cuffs add \$1.00 per doz.

Reduced Prices on Operating Gowns

Material Number	Description	Per doz.
99	Best Quality Unbleached Sheeting	\$12.00
58	High Quality Bleached Sheeting..	13.00
56	Best Quality Bleached Marble Head	15.00

Above prices are for regular cuffs. If required with knitted cuffs add \$1.00 per doz.



Style No. 175

House Doctor's Shirt

Made of the best quality bleached shirting, our No. 65. Price \$18.00 per doz.

SURGEON'S OPERATING COAT

Style No. 132

Made of Bleached Marble Head, closed down front with tie tapes. Price \$15.00 per doz.



Styles Nos. 132 and 311

SURGEON'S OPERATING PANTS

Style No. 311

Made of Bleached Marble Head, pyjama style, draw tape at waist. Price \$15.00 per doz.

All garments unconditionally guaranteed, as to both workmanship and material.

Quotations cheerfully submitted on Special Apparel for Hospital use.



Style No. 113-79

House Doctor's Coat

Made of bleached drill, this coat is neat and serviceable. It has the lay-down collar, three pockets, detachable buttons and pointed cuff on sleeve. Price for the coat, \$24.00 per dozen. Pants to match, \$24.00 per dozen.

Sales tax is NOT included in above quotations, as same does not apply when garments are shipped to Approved Hospitals under their purchase orders bearing the required Sales Tax exemption certificate.

MADE IN CANADA BY

CORBETT-COWLEY

Limited

690 KING ST. W.
TORONTO

1032 ST. ANTOINE ST.
MONTREAL

Please refer to THE CANADIAN HOSPITAL when writing



ARE YOU CONSIDERING PRICE OR COST?

IF YOU have considered the cost of regrinding and replacement of your surgical scissors, you will be interested in the new BARD-PARKER RENEWABLE EDGE SCISSORS.

Bard-Parker Scissors are lower in upkeep because they eliminate costly and unsatisfactory regrinding. Dulled edges are quickly replaced with new keen edges at 16 $\frac{3}{4}$ cents per pair against a much higher average regrinding cost for other scissors.

Bard-Parker Scissors practically eliminate scissors replacements. Since they are not subject to grinding wear, they last indefinitely, saving you many times over the cost of replacing scissors worn out by repeated grindings.

Bard-Parker Scissors facilitate operating technique because the edges are uniformly sharp. This is seldom true of reground scissors.

We believe that Bard-Parker Renewable Edge Scissors will give you greater economy and efficiency. Why not ask your dealer to show you a pair or write for further particulars?

BARD-PARKER COMPANY, INC.
369 LEXINGTON AVENUE, NEW YORK, N. Y.

A BARD-PARKER PRODUCT

Left: Bard-Parker Renewable Edge Scissors, 5 $\frac{1}{2}$ " Operating, Straight, showing three styles of points.

Above: Renewable edge partly removed from scissors.

BARD-PARKER RENEWABLE EDGE SCISSORS

Stainless Steel
NOW AVAILABLE

5 $\frac{1}{2}$ " Dissecting, Straight, Mayo type
6 $\frac{3}{4}$ " Dissecting, Straight, Mayo type
5 $\frac{1}{2}$ " Operating, Straight, S & B
5 $\frac{1}{2}$ " Operating, Straight, S & S
5 $\frac{1}{2}$ " Operating, Straight, B & B

